

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURNSee "Instructions for Service of Process by U.S. Marshal"

| | |
|---|------------------------------------|
| PLAINTIFF David A. Stebbins | 4:21-cv-04184-JSW |
| DEFENDANT Karl Polano, et al. | TYPE OF PROCESS ***See below*** |

SERVE AT { NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
Karl Sofiann Axel Polano
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
Regensbergstrasse 120 Zurich, Zurich 8050 CH Switzerland


| | | |
|--|---|---|
| SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW | Number of process to be served with this Form 285 | 5 |
| <div style="border: 1px solid black; padding: 5px;"> David A. Stebbins 123 W. Ridge Ave., APT D Harrison, AR 72601 </div> | Number of parties to be served in this case | 1 |
| | Check for service on U.S.A. | |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Summons, Complaint, Amended Complaint, Order and docket number 12

| | | | |
|--|---|----------------------------------|----------------|
| Signature of Attorney other Originator requesting service on behalf of:  | <input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER 510-637-3535 | DATE 7/1/21 |
|--|---|----------------------------------|----------------|

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE

| | | | | | |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|
| I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted) | Total Process _____ | District of Origin No. _____ | District to Serve No. _____ | Signature of Authorized USMS Deputy or Clerk _____ | Date _____ |
|---|------------------------|---------------------------------|--------------------------------|---|---------------|

I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

| | |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
| Address (complete only different than shown above) | Date _____ Time _____ <input type="checkbox"/> am <input type="checkbox"/> pm |
| | Signature of U.S. Marshal or Deputy _____ |

| | | | | | |
|-------------|---|----------------|---------------|------------------|--|
| Service Fee | Total Mileage Charges including endeavors | Forwarding Fee | Total Charges | Advance Deposits | Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00 |
|-------------|---|----------------|---------------|------------------|--|

REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED